

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS AND ARRANGEMENT FOR REPLACING INTRA-FIBER LIQUID IN FIBERS WITH A REPLACEMENT LIQUID
Attorney Docket Number::	1523-1014
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ASA
Middle Name::
Family Name:: SAMUELSSON
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing STAGNELIUSVAGEN 60
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-112 57

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: BIRGER
Middle Name::
Family Name:: SJOGREN
Name Suffix::
City of Residence:: HANINGE
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing ARSTA HAVSBADSVAGEN 85B
Address::
City of Mailing Address:: HANINGE

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-136 91

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: HANNES
Middle Name::
Family Name:: VOMHOFF
Name Suffix::
City of Residence:: TABY
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: BISAMGRAND 3
City of Mailing Address:: TABY
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-187 35

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: LARS
Middle Name::
Family Name:: SJOSTROM
Name Suffix::
City of Residence:: TYRESO
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: MUSSERONGANGEN 221

Address::

City of Mailing Address:: TYRESO

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-135 34

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: MARCO

Middle Name::

Family Name:: LUCISANO

Name Suffix::

City of Residence:: STOCKHOLM

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing RUDDAMMSVAGEN 6, 4 TR

Address::

City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-114 21

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: MIKAEL

Middle Name::

Family Name:: LINDSTROM

Name Suffix::

City of Residence:: SALTSJO-DUVNAS

State or Province of

Residence::

Country of Residence:: SWEDEN
Street of Mailing FOGDEVAGEN 9
Address::
City of Mailing Address:: SALTSJO-DUVNAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-131 50

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: TOMMY
Middle Name::
Family Name:: IVERSEN
Name Suffix::

City of Residence:: DJURSHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing BRAGEVAGEN 39
Address::
City of Mailing Address:: DJURSHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-182 62

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/001443	9/16/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202733-2	9/16/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::